COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled "Modular ATE Power Supply Architecture" (docket number 1502-US).

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby appoint Edmund J. Walsh, Reg. No. 32,950, and Lance M. Kreisman, Reg. No. 39,256 as my attorneys or agents, to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith, including the appointment of associate attorneys or agents.

Address all communications to:

> Legal Department
> Teradyne, Inc.
> 321 Harrison Avenue
> Boston, MA 02118
>
> PHONE (617) 422-2370
> FAX (617) 422-2290

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: _____ Date: 2/26/02
Inventor's Name: Gerald H. Johnson
Residence: Andover, Minnesota
Citizenship: US
Post Office Address: Andover, Minnesota

Signature: _____ Date: 2/26/02
Inventor's Name: Michael F. Taylor
Residence: Minneapolis, Minnesota
Citizenship: US
Post Office Address: Minneapolis, Minnesota